

PTO/SB/21 (09-04)

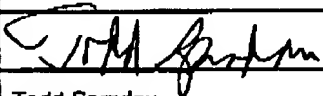
Approved for use through 07/31/2008. OMB 0651-0031

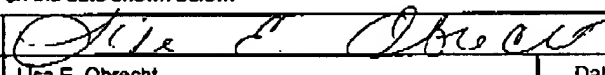
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/975,350	<b>RECEIVED CENTRAL FAX CENTER MAY 30 2007</b>
	Filing Date	October 11, 2001	
	First Named Inventor	Jacobs	
	Art Unit	1818	
	Examiner Name	B. Fubara	
Total Number of Pages in This Submission	13	Attorney Docket Number	CP215

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	CEPHALON, INC.		
Signature			
Printed Name	Todd Spradau		
Date	May 30, 2007	Reg. No.	52,242

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Lisa E. Obrecht	Date	May 30, 2007

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAY 30 2007

Docket: CP215

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/975,350  
Applicant : Martin J. Jacobs  
Filing Date : October 11, 2001  
Title : COMPOSITIONS COMPRISING MODAFINIL COMPOUNDS  
TC/A.U. : 1618  
Examiner : Blessing M. Fubara

DATE OF SUBMISSION: May 30, 2007

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## REPLY PURSUANT TO 37 C.F.R. § 1.111

S I R:

In response to the Restriction Requirement dated May 2, 2007 with a shortened statutory period for reply of one (1) month, reconsideration is respectfully requested in view of the enclosed remarks. The Commissioner is authorized to charge any required fees or credit any overpayments under 37 C.F.R. §1.16 or §1.17 to Deposit Account No. 03-1195.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 10 of this paper.